

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1957

39900

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 S. Smith			Length of stay in lb lifetime		d. STREET ADDRESS 302 S. Smith		
3. NAME OF DECEASED (Type or print) First Carrie Middle Eather Last Welch			4. DATE OF DEATH Month November Day 9 Year 1957				
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April, 21, 1893	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary				10b. KIND OF BUSINESS OR INDUSTRY Co. Schools		11. BIRTHPLACE (City and state or country) Albany, Missouri	
13. FATHER'S NAME Grant Ross				14. MOTHER'S MAIDEN NAME Alice Severson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address Mrs. Marie Welch - Albany, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic hypertension DUE TO (c) ✓							INTERVAL BETWEEN ONSET AND DEATH Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) X				
20c. TIME OF INJURY Hour a. m. Month Day Year p. m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY Albany STATE Mo.				
21. I attended the deceased from 11/8/57 , to 11/9/57 and last saw her him alive on 11/9/57 . Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Le. M. Newman M.D. (Degree or title)				22b. ADDRESS Albany Mo.			22c. DATE SIGNED 11/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Nov. 12, 1957		23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri	
24. FUNERAL DIRECTOR ADDRESS Clifford Brooks, Albany, Mo.				25. DATE RECD. BY LOCAL REG. 11-11-1957		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 486

P. O. Address Albany, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.